

**CLAIMS ONLY**

**Application Number**

10/814531

**Filing Date**

**Applicant(s)**

• May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51						
2							52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						